

Health Profiles of Racial/Ethnic Minorities
Enrolled in Medicare Managed Care Plans:
Results from the Medicare Managed Care
CAHPS® Surveys — Final Report

Purpose: The Medicare Managed Care (MMC) Consumer Assessment of Health Plans Study (CAHPS®) surveys were created to obtain information from enrollees in Medicare managed care plans. Respondents are asked questions concerning their assessment of their plans and providers, their overall health status, health conditions, and health system utilization in the last six months. The surveys have been conducted annually since 1997. The subject study combined three years (1997, 1998, and 1999) of MMC CAHPS survey data in order to examine sociodemographic, health status, and health care utilization patterns, by racial and ethnic characteristics. Some of these racial/ethnic subgroups are of such small relative size that many random sample surveys fail to capture enough respondents to allow detailed quantitative analysis. Because the MMC CAHPS questions are essentially the same from year to year, combining several years of data is feasible as well as desirable in order to increase sample size for the subgroups.

Results: The following racial/ethnic groups were identified and analyzed in this study: White (non-Hispanic/Latino); Black or African-American (non-Hispanic/Latino); Asian (non-Hispanic/Latino); Native Hawaiian/Pacific Islander (non-Hispanic/Latino); American Indian/Alaska Native (non-Hispanic/Latino); and Hispanic/Latino (any race). The results of this study are presented under two general categories: 1) Overview of Findings Across Racial/Ethnic Groups and Across Genders; and 2) Highlights of Findings by Racial/Ethnic Group:

1. Overview of Findings Across Racial/Ethnic Groups and Across Genders

Sociodemographics

- Females outnumber males for most racial/ethnic groups in the MMC population, except for American Indians/Alaska Natives.
- Youngest Group of MMC Enrollees:
 - American Indians/Alaskan Natives
- Oldest Group of MMC Enrollees:
 - Native Hawaiians/Pacific Islanders

- Highest Percentage of High School Graduates:
 - Whites
- Lowest Percentages of High School Graduates:
 - Blacks
 - American Indians/Alaskan Natives
 - Hispanics/Latinos
- Highest Proportion of College Graduates:
 - Asians

Health Status, Health Conditions, and Health Care Utilization

Racial/Ethnic Group Comparisons

- Report Worse Health than Other Racial/Ethnic Groups:
 - Blacks
 - Hispanics/Latinos
 - American Indians/Alaskan Natives
- Report Greatest Improvement in Health:
 - Native Hawaiians/Pacific Islanders
- Report Most Adverse Change in Health:
 - American Indians/Alaskan Natives
- Five Health Conditions Asked about on MMC CAHPS Survey: Heart Disease, Cancer, Stroke, Chronic Obstructive Pulmonary Disease (COPD), and Diabetes.
 - Most Common Disease Reported (All Subgroups):
 - Heart Disease
 - Least Common Disease Reported (All Subgroups):
 - COPD

- Highest Incidences of All 5 Diseases Reported:
 - American Indians/Alaskan Natives
- Lowest Incidences of All 5 Diseases Reported:
 - Asians
- Make Fewest Visits to Doctor's Office:
 - Asians
 - Native Hawaiians/ Pacific Islanders
- Make Most Visits to Doctor's Office:
 - Blacks
 - American Indians/Alaskan Natives
- Most Likely to See a Specialist:
 - Whites
- Highest Use of Hospitals and Emergency Rooms:
 - American Indians/Alaskan Natives
- Lowest Use of Hospitals and Emergency Rooms:
 - Asians
- Heaviest Use of Prescription Medicines:
 - Whites
- Highest Use of Medical Devices, Special Therapy, and Home Health Care:
 - American Indians/Alaskan Natives

Gender Comparisons (For All Racial/Ethnic Groups)

- Worse Current Health Status Reported:
 - Women

- More Likely to Report Health Status Unchanged from Year Before:
 - Men
- More Likely to Report Improved Health from Year Before than Worse Health:
 - Both men and women, with men being slightly more likely than women.
- Lower Incidences of All 5 Diseases Reported:
 - Women

Exception: A slightly higher reported incidence of diabetes among Black women than among Black men.

- Diabetes tends to be high among women of all racial/ethnic groups except Whites and Native Hawaiians/Pacific Islanders.
- Among White and Native Hawaiian/Pacific Islander women, heart disease is most common.
- Heart disease tends to be most common among men of all racial/ethnic groups except Blacks.
- Among Black men, diabetes is most common.
- COPD is least common of the 5 serious diseases for both men and women.
- Higher Incidence of Serious Disease:
 - Men
- More Likely to Visit a Doctor:
 - Women
- More Likely to See a Specialist:
 - Men
- Higher Use of Hospitals and Emergency Rooms:
 - Men

- Heavier Use of Prescription Medicines:
 - Men
- Higher Use of Medical Devices, Special Therapy, and Home Health Care:
 - Women

2. Highlights of Findings by Racial/Ethnic Group (Compared with White Group)

Black

- MMC Enrollment by Gender:
 - 40% Male, compared with 44% of Whites enrolled.
- MMC Enrollment by Age:
 - 13% under 65, compared with 6% of Whites.
- Education:
 - Nearly $\frac{1}{2}$ do not complete high school, compared with only $\frac{1}{4}$ Whites.
- Overall Health Rating:
 - Worse than Whites.
- Told by Doctor about Serious Illness:
 - Less likely than Whites to be told that they had heart disease, cancer, or COPD.
 - Twice as likely to report having diabetes.
 - Diabetes is the number one reported disease of the 5 contained in the CAHPS survey, whereas it is third among Whites.
 - For Whites, heart disease is the top reported condition.
- Frequency of Visits to Doctor's Office:
 - Less likely than Whites.

- Utilization of Overall Health Care System:
 - More likely than Whites.
- Cigarette Smoking:
 - Less likely than Whites to become a regular smoker.
 - Among MMC enrollees who become smokers, Blacks are less likely to quit than Whites.
 - Black and Whites who smoke are about equally likely to be advised by a doctor to quit.

Asian

- MMC Enrollment by Gender:
 - Proportionately fewer males than White MMC population. But gender difference is slight.
- MMC Enrollment by Age:
 - Greater concentration in the 65 - 74 year old age group than Whites.
- Education:
 - Greater proportion of college graduates, but also a greater proportion of individuals with 8 or less years of schooling, compared to Whites.
- Overall Health Rating:
 - Similar to Whites.
- Told by Doctor about Serious Illness:
 - More likely than Whites to report diabetes, but less likely to report other serious health conditions.
 - Also less likely than Whites to report conditions that interfere with work or independence or to need help with certain tasks.
- Frequency of Visits to Doctor's Office:
 - Less likely than Whites.

- Frequency of Visits to Hospital or Emergency Room:
 - Less likely than Whites.
- Use of Prescription Medicines:
 - Less likely than Whites.
- Use of Home Health Care and Special Medical Equipment:
 - More likely than Whites.
- Cigarette Smoking:
 - Less likely than Whites to smoke.
 - Asian MMC enrollees who became smokers are more successful than Whites at quitting.

American Indian or Alaska Native

- MMC Enrollment by Gender:
 - Proportionately more males than White MMC population.
- MMC Enrollment by Age:
 - Median age is several years younger than that for Whites.
- Education:
 - Nearly $\frac{1}{2}$ of American Indian/Native American MMC enrollees do not complete high school, compared with $\frac{1}{4}$ of White enrollees.
 - College graduation rate for this group is about $\frac{1}{2}$ that of Whites.
- Overall Health Rating:
 - Worse than Whites
- Told by Doctor about Serious Illness:
 - More likely than Whites to be told that they had heart disease, stroke, diabetes, or COPD.
 - Whites are more likely to report cancer.

- More likely than Whites to report conditions that interfere with work or independence or to need help with personal care needs or routine needs.
- A little less likely than Whites to report having a condition that has lasted for at least 3 months.
- Frequency of Visits to Doctor's Office:
 - Less likely than Whites.
 - But those who did see a doctor made more frequent visits than Whites.
- Frequency of Visits to Hospital or Emergency Room:
 - More likely than Whites.
- Cigarette Smoking:
 - More likely than Whites to start smoking.
 - Those who smoke are less likely to quit.
 - Less likely than Whites to be advised to quit.

Native Hawaiian or other Pacific Islander

- MMC Enrollment by Gender:
 - Proportionately far fewer males (36%) than White MMC population (45%).
- Education:
 - A greater proportion do not complete high school—and a smaller proportion graduate from college—compared with Whites.
- Overall Health Rating:
 - Proportion that rates their health as “Much better now” or “Somewhat better now” compared to one year ago is twice as great as it is for Whites.
- Told by Doctor about Serious Illness:
 - Differences in the incidence of several serious health conditions

between Native Hawaiians/Pacific Islanders and Whites are small. .

- More likely than Whites to report conditions that interfere with work or independence or to need help with personal care needs or routine needs.
- Frequency of Visits to Doctor's Office or Specialist:
 - Less likely than Whites.
- Frequency of Visits to Emergency Room:
 - More likely than Whites.
- Cigarette Smoking:
 - Less likely than Whites to smoke.
 - Those who smoke are about equally as likely as Whites to quit.

Hispanic/Latino

- MMC Enrollment by Gender:
 - Proportionately more males than the (non-Hispanic/Latino White) MMC population.
- MMC Enrollment by Age:
 - Younger than Whites.
- Education:
 - Over $\frac{1}{2}$ of Hispanic/Latino MMC enrollees do not complete high school, compared with $\frac{1}{4}$ of White enrollees.
 - College graduation rate for Hispanics/Latinos is only $\frac{1}{2}$ of that for Whites.
- Overall Health Rating:
 - Worse than Whites.
 - Much higher percentage than Whites rates their health as "Much better now" or "Somewhat better now" compared to one year ago.

- Told by Doctor about Serious Illness:
 - Considerably more likely to have been told they have diabetes.
 - Whites are more likely to report cancer.
 - More likely than Whites to report conditions that interfere with work, but Hispanic/Latino vs. White differences in other implications of health conditions are small.
- Frequency of Visits to Doctor's Office:
 - Less likely than Whites.
 - Less likely to have a personal physician.
- Frequency of Visits to Specialist:
 - More likely than Whites.
- Frequency of Visits to Emergency Room:
 - Nearly identical to Whites.
- Cigarette Smoking:
 - Less likely than Whites to start smoking.
 - Those who smoke are about equally as likely to quit as Whites.

Note: While the above information reveals many differences between racial/ethnic groups, it does little by way of attempting to explain these differences, identifying a number of issues that warrant further research.